

HOP PRE-QUALIFICATION WORKSHEET

Please Note: This is <u>not</u> an application for a loan. The information provided will be used to determine eligibility for financing through the City of Wilmington Home Ownership Pool. It is important you provide complete and accurate information. Each person who will be on the loan needs to submit a separate information sheet.

Date:					
	PER	SONAL INFO	ORMATION		
Name: Last	Middle	S	ocial Security #:		
Address:	City	State	Zip	Date of Birth	/
Mailing Address (if d	lifferent than above):		City	State	_Zip
Phone Number	Email Ad	dress:			
Best way to contact y	ou? Phone Ema	ail U.S. Ci	tizen or Legal Re	esident Alien?	Yes No
Marital Status: M	Iarried Single	Separated 🗌 Di	vorced Wide	owed Years or	f School:
Size of Household (#	of persons, including	yourself):	Annual	Household Income	:: \$
#of Persons in House	hold with income:	Ages	s of Children:		
Have Children Been	Tested For Lead?	Yes No			
	EMPLO.	YMENT/ INC	COME HISTO	RY	
Current Employer:			Job Title	:	
	City				
Verification Contact				110 W 1011g.	
Gross Income: \$		Anr	ual Monthly	Weekly	Veekly Hourly
	f less than two years w				
	City				
Verification Contact	Person:	Title:			
Phone #:					
Gross Income: \$		Anr	nual Monthly	☐Weekly ☐Bi-W	Weekly Hourly
Dates of Employmen	t: From/	/ to /	/		
	(Use additio	nal sheet if more	e than two emplo	yers)	
	ome: Source?				
Gross Income: \$		Ann	nual Monthly	☐Weekly ☐Bi-V	Veekly Hourly
		ASSET	S		
Account Ralances: C	Checking \$				
	Make_] Land] Home C				
Additional Assets.				- 	
		LIABILITIES	S/DEBT		
Please list all credito	ors with whom you hav	ve applied for an	d received credit	– Use additional s	heet if necessary
Company		_ Monthly Paym	nent \$	Balance \$	
Company	Monthly Payment \$			Balance \$	

Company	Monthly Doymont &	Monthly Doymont \$					
Company							
Company	Monthly Payment \$		Balance \$				
	RENTAL HISTORY	7					
Landlord Name:Address	S	City	State_				
Phone #:	How long at this address?						
Previous Address (if less than two years at	current address):						
Address City	State	Zip	_ Monthly Rent: \$ _				
Landlord Name:Address	S	City_	State	Zip			
	How long at this address?						
I understand this is not an application of and accurate information or follow the understand that, should I purchase a photos of my participation in the HOP	e recommended steps many home through the City Program including home	ay delay a of Wilmi mebuyer e	pproval of my requently requently makes the provided in the pr	est. I also ship Pool,			
property purchased may be used for fut	ure marketing purposes.						
Signature Date							
Please return all required documents to	D 27 11						
			In Person				
	City of Wilmington		City of Wili				
	City of Wilmington Community Services		City of Wili Community	Services			
	City of Wilmington		City of Wili Community	Services at St; 2 nd Floor			



The City of Wilmington does not discriminate on the basis of race, sex, color, age, national origin, religion or disability in its employment opportunities, programs, services or activities.

